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ABSTRACT

The use of play therapy with mentally retarded children and adults is examined. The lack of research on the topic is noted, and information on psychoanalytically oriented play therapy approaches are reviewed. Application of play therapy to mentally retarded clients is explored in terms of two questions: (1) at what level do mentally retarded persons play? and (2) what kind of play offers therapeutic possibilities? Therapeutic benefits are ascribed to symbolic play, sand and water play, provision of opportunities for behavior change, and encouraging positive outcomes of the relationship with the therapist. Challenges to the therapist in working with mentally retarded clients are noted, including the client's past experiences with rejection. (CL)

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Playtherapy with the Mentally Retarded.

A consideration of the use of playtherapy in the treatment of emotionally disturbed, mentally retarded children is very timely now, as there is currently a growing awareness of, and concern with, the emotional needs of mentally retarded individuals and with the lack of treatment programs for their emotional or behavioral problems, or both.

Anita Li (1981)

INTRODUCTION.

In daycarecenters for children and daycarecenters for elderly people, in institutes for mentally retarded individuals, as well as in institutes for the treatment of mildly retarded and educably retarded adolescents, there are children and adults who do not seem to completely avail theirselves of their possibilities or who intimate through their behaviour, that they are not doing well. Part of them are unable to do something about this in their everyday environment, where certain demands are constantly being made upon them. Often something **can** be done, however by means of an individual therapeutic treatment, in which the relationship with the therapist on the one hand and play on the other, are being used as a means.

In this article an attempt is made to shed more light on the subject of **playtherapy with mentally retarded individuals.** Many questions are evoked by such a subject: What do we understand by **playtherapy?**; How do we define the notion of **mentally retarded?**; Is playtherapy with mentally retarded individuals desirable and feasible? If yes, when is this form of therapy indicated?; And most important, in what way does playtherapy with the mentally retarded differ from playtherapy with normally intelligent children? Which specific characteristics and main points are there to be considered in this conn ection? We certainly do not want to try and give a conclusive and complete answer to these and other questions . Our article is of an exploring character and and is primarily the result of discussions and the exchange of practical experiences of a number of playtherapists who are working with mentally retarded individuals of different age and level and who have united in the National Committee **"playtherapy with the mentally retarded"**, which is affiliated to the Dutch Society for the Study of the Mental Deficiency and Care for the mentally Defective.

Before examining these questions from our own practical point of view, a survey of views on playtherapy with the mentally retarded will be presented, as found in the - particularly Dutch - literature. To avoid any misunderstandings, our definition of **playtherapy** will be stated here: A form of therapy in which play is used as a means of realizing changes in the behaviour and experience of the client and removing emotional blockades.

Ursula Scholten (1979) emphatically discriminates between playtherapy and playtraining or playguidance. The latter two forms are concerned with the improvement of play itself or the acquisition of a number of skills by means of play and playmaterial.

Being mentally retarded is defined here according to the definition of the American Association on Mental Deficiency: A situation, characterized by an intelligence functioning below normal, as measured

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by means of intelligence tests, involving problems with social adaptation, both finding expression during childhood.
In this article, then, educably retarded and trainably children, as well as adults - a very heterogeneous group, naturally - will be discussed. Obviously, great differences can be found within this group. Our objective, however, is to especially emphasize the similarities.

DATA ON PLAYTHERAPY.

When perusing the literature on playtherapy one is first of all struck by the fact that but little attention is paid to playtherapy with the mentally retarded. Most authors confine themselves to general and very concise remarks. Elaborate, practical examples can hardly be found.
Regarding psycho-analytically orientated playtherapy the following is found: Stades-Veth (1973) does not give her explicit opinion on the suitability of the psycho-analytically playtherapeutic approach with this group. A normal intelligence, however, seems to be presupposed. Mentally retarded children are excluded from the sample used for her research.
J. Sanders-Woudstra (1980) argues that "failing to correctly assess the intelligence quotient of the little patients carries with it the risk of overestimating the possibilities of recovery and our own possibilities of treatment". In her opinion, the children under discussion do need playtherapy, but she emphasizes the importance of structure and arrangement. Moreover, she considers the advancement of the development of play and a number of skills to be the aim of the therapy. It may be wondered whether we are still concerned here with playtherapy in the above-mentioned sense - K. Hoejenbos (1962) is one of the few people in the Netherlands who for some time has been working playtherapeutically with educably retarded and trainably retarded individuals, partly starting from depth-psychological views and by means of psycho-analytic methods. On the one hand he signalizes that possibilities of verbal interpretation are limited, but on the other he asserts that interpretations can also be provided by the therapist by means of concrete actions - Hoejenbos considers acceptance, sympathy, the realisation of a good relationship with the client and the creation of a clear pedogogical structure to be essential.
Phenomena of transference and counter-transference are also to be found in therapy with mentally retarded individuals. Hoejenbos handles these phenomena by consciously being like a father or mother to the patient.
The security - creating and reassuming role of the therapist is also emphasized by Anna Freud (1973). She regards this role as being more important than the analytic one.

From the client-centered playtherapeutic point of view it is stressed by Klinkhamer - Steketee that severely retarded and trainably retarded children cannot at all be helped by means of this method, whereas educably retarded children can only be helped partly. Pulles (1981) likewise argues that the child should have at his disposal a normal intelligence and that playtherapy with educably retarded individuals is neither justified nor effective.
Vossen and Vossen-Felix (1971) assert that the therapist's basic attitude, i.e. his or her ability to create an atmosphere in which the child can grow and be himself again, rather than the methods and techniques used, is essential to the success of the therapy. They direct their attention to the child as a person, rather than to something of the child. Although not explicitly stated by the authors, it may be concluded that these views on the objective and procedure of child- and playtherapy do not exclude its use with non-normally intelligent children.
Relationtherapy might be a more appropriate term for the therapy under discussion, in which play is one of the possible means of communication.

C. Moustak s (1977) and V. Axline (1969), who are, just like the above-mentioned authors, working in the Rogerian tradition, also argue that a diminished intelligence need not necessarily be considered as a counter-indication to playtherapy. In their opinion, every child who is not functioning in accordance with his possibilities, could profit from it.

In their recently published study on the method of communication by imaginative play.
Hellendoorn, Groothoff et al. (1981) take the line that intelligence as such - the IQ often taken as a standard - is not an important factor. Furthermore they assert that ".....Naturally, there is a certain correlation between intelligence and the ability to conceive of imaginations.
Several investigators (Piaget, Werner, and Kaplan) have made it clear that symbolic play is closely linked up with the development of language and thinking. Formerly one used to think that symbolic play was made possible by cognitive development, whereas recent investigations seem to point to the reverse, viz. the development and stimulation of symbolic play exerts an important influence on the entire cognitive development. In order to attain symbolic play a rudimentary understanding of symbols should be present. yet the first symbolic games can already be found with children who are still in the one-word stage. This holds for both normally intelligent and mentally retarded children (Whittaker 1980). Communication by imaginations in play obviously requires more than a simple symbolic game, but it does not require a high level of language development; for own feelings and thoughts need not be put into words.
Hence mildly retarded children can also profit from it, a finding corroborated by a preliminary investigation conducted by Stramann (1977).
Admittedly, the quality of these children's play is inferior, but the therapist himself can contribute a lot to its improvement. Consequently, it may be concluded that the foregoing authors do not dissent from using this method with **mildly retarded** children. It is not completely clear, however, what exactly is understood by this term and which specific problems a therapist working with mildly retarded children may be confronted with.

In summary, it could be argued that most of the authors mentioned are reticent about playtherapy with non-normally intelligent children.
Their attitude varies from pronouncedly negative to moderately positive, whereby a number of conditions are pointed out with which therapist and therapy s hould comply. For instance, it will not always be possible to call too strongly on the ability to verbalize and on self-insight.
In the literature only few practical examples can be found which support and elucidiate the authors' hesitation regarding playtherapy with the mentally retarded and which mention specific points that should be given special attention to when working with the mentally retarded.

In our discussions on the possibilities of playtherapy with mentally retarded children and adults, again and again the question arises whether or not these people play in a way that offers therapeutic starting-points. In fact, this is a double question: First, on which level do the mentally retarded play and secondly, what play offers therapeutic possibilities.

LEVELS OF PLAY

Relatively little has been written about the play of mentally retarded individuals Anita Li (1981) gives a survey of the publications in this field, the number of which she regards as being scanty. She advocates more research, especially focused on the therapeutic use of play with mentally retarded children.
She ascertains that it may be concluded from the publications studied by her, that the play of the mentally retarded is more restricted as to the use of play-materials, the use of the language, the occurrence of social elements as well as to the **as-if-game.**
Ursula Scholten (1979) gives an extensive description of a great number of theories of play.
She makes an attempt at indicating to what extent the play of mentally retarded toddlers she is working with, can be fit in into the various categories of play. She ascertains that both the play and level of experience of the mentally retarded toddlers fall behind that of normally intelligent children. Naturally, great differences in level of development and play may be found with the mentally retarded. A classification according to levels of play for the various groups will not be given; for the level of play does not only depend on intelligence, but also on personality structure, kind of handicap, experience and upbringing.
It should be said, however, that from the experiences of the members of our discussion group it may be concluded that the play of mentally retarded individuals may get stuck on every level and may result in a monotonous repetition; play is reduced to stereotyped behaviour without experience or imagination. With regard to the play of mentally retarded it can also be argued that the inner urge for exploration and development may be deficient. Intervention by playing with the child might give the child a chance to free himself from monotonous behaviour so that he can be open to new experiences.
It also emerges from a number of publications that stimulating and guiding development of play with children, mentally retarded or otherwise, is important to the way in which they play.This is strongly emphasized by the afore-mentioned Anita Li, while Ursula Scholten describes to what extent play, just like other developmental aspects, requires guidance in her daycarecenter for mentally retarded children. Extensive observation scales and, linking up with this, suggestions for a step by step development of play, are reported by Dumount in his study called Curriculum School-Maturity (1977).
In her doctoral thesis Annelies de Feyter (1975) argues that playtherapy with children stimulates the extent to which symbolic play occurs.
In Stramann's publication (mentioned by Joop Hellendoorn 1981) the same conclusion is reached.
The above affirms the experience gained by the members of the discussion group: During palycontact play is further developed.

THERAPEUTIC STARTING-POINTS

The question now arises: What play offers possibilities for therapeutic use? In fact, the starting-point in the various modes of playtherapy is nearly always symbolic play as a means.
Ursula Scholten (1979) also asserts that in her opinion this ability to symbolize is a necessary part of playtherapy. In her view, lower levels of play might lead to playtherapy. A good understanding between client and playtherapist might be established by means of these levels as such and they can be used as a forerunner with a view to realizing playtherapy. However, we prefer a more extensive

meaning of the notion of playtherapy.
We assume that each level of play offers therapeutic possibilities. The question is now which factor within playtherapy is regarded as the effective one.

From the survey of the various theories several therapeutically effective factors emerge, such as :

1) the liberating effect;
2) the possibility of playing together with the child by giving directions and suggestions and showing the child other possibilities;
3) the realization of a relationship between child and therapist within which basic security might be experienced, new experiences might be acquired and new behaviour might be practised;
4) the occurence of transference phenomena.

It will be investigated which level of play is presupposed by these therapeutically effective factors and how these levels of play occur in playtherapy with the mentally retarded.
In order to indicate which level of play is under discussion, Ursula Scholten's classification (1979) is opted for. It includes motor play, sand and water play, handling toys in a functional way, constructive play, symblic play and succes- and round games. Although this classification is not the only one possible, it is very usefull for our purpose. The members of the discussion group have experienced that all these modes of play can be found with the mentally retarded, taking into account the afore-mentioned restrictions.

1. THE LIBERATING EFFECT OF SYMBOLIC PLAY

Symbolic play can be divided into two levels:
The level on which someone imitates his everyday world (playing "school" or "father and mother") and the level on which problems are played. Both levels occur when one works with the mentally retarded. It is remarkable how directly they sometimes play their problems.
For instance, a 11 year old educably retarded boy says, while taking hold ofthe baby doll and bouncing it on the table, "that's what my father did to me".
A more symbolic indication of problems can also be met with. A 9 year old educably retarded boy, for example, is playing in the doll's house that the father and mother grumbling at the neighbours, the family and the child.
The child is restricted in a great measure and is not allowed to play outdoors etc. He takes up the father, mother and furniture and put all of this down in the cellar of the doll's house.
From the following examples it appears that symbolic play can have a liberating effect.
- An educably retarded boy of 7 years old plays that he has been mistreated, a theme which is often repeated in play. After a while he ceases doing this and it appears that gradually he is functioning better in the group.
- A 15 year old mildly retarded boy is not able to talk about his brother's death form drawning.
Playing this event again enables him to gradually keep his distance and to cope with it.
- A grown-up mildly retarded man has a very weak "I notion". Verbally he completely blocks his feelings. In non-verbal symbolic play using the Von Staabs-test the sessions, he played himself out of prison and freed himself from the great

mass of people ("want to be independent"), passively at te outset, but actively later on. This liberation even had corporal consequences: At first he walked as if he carried the whole world on his shoulders. After having discovered the possibilities of liberating himself, playsituations were created in which he could walk upright. The fact that he walks upright now makes him see the world in a different light so that new forces are being employed.

THE LIBERATING EFFECT OF SAND AND WATER PLAY:

The liberating, disengaging effect of play is often observed with older mentally retarded individuals in sand and water play and motor play. These modes of play can relatively often be found with mentally retarded. Being allowed to ventilate feelings through simple playmaterial can frequently have a liberating effect on people who have grown accustomed to not being able to express their feelings. Because of the liberating effect of handling formless material in sand and water play,inadmissable behaviour such as smearing faeces become unnecessary.

2. **PLAYING TOGETHER WITH THE CHILD BY GIVING DIRECTIONS AND SUGGESTIONS AND SHOWING THE CHILD OTHER POSSIBILITIES.**

By playing together with the child by giving directions and suggestions and showing the child other possibilities, as is done in the method of communication by imaginative play, the child is able to gain new useful experiences and insights. Usually this kind of play has to be stressed to a greater extent and more often than with more intelligent children:
- A 12 year old educably retarded boy feels jammed, threatened and rejected because of aggression and nagging on the part of children in the neighbourhood. In his play he shows how much he feels ensnared. The therapist, playing the role of the child, shows the boy how he can react in a different way to nagging. In consequence of this, the boy learns to arm himself against nagging and he adopts a more assertive attitude.
- A nine year old tranably ratarded boy whose bahaviour is very problematic, is playing in extensive, symbolic play with trains, animals, airplanes, little dolls and a doll's house, that time and again one of the trains or animals upsets everything after a pleasant start. At first this is accepted in his play in which the aggressive character can also take part in a pleasant way. The little boy appears to pick this up well and his behaviour changes, both in the group and at home.

3. **RELATIONSHIP.**

The relationship with the therapist is, in addition to being an essential condition for the success of every therapy, also an effective factor in itself. We completely agree about the Rogerian basic attitude: unconditional acceptance and empathy. Every occupation of the client, in whichever mode or level of play, enables the therapist, by means of doing things together, to start a relationship within which basic security and confidence can be retrieved. It appears that this is often a first step towards a better functioning, particularly with the mentally retarded.
- A trainably retarded six year old boy expresses his unpleasure and fear in the playroom through regressive and agressive behaviour. In the playtherapy this is handled in a very secure and accepting way and through bodily contact and motor play confidence is built up.

Gradually, the little boy becomes less frightened and very carefully he starts doing some other things.

- An educably retarded woman of 40 years old has fits of aggressiveness, is very restless and meddlesome and has rude coarse motorial outbursts. At the outset, when the therapist is still looking for the right form of communication in the therapy, it is found that in roleplay this woman wants to be a small chicken. "Then you can snugly crawl under mother's feathers together with the other little brothers and sisters". She likes to have white feathers later on: "Then I can cluck and lay eggs". Non-verbal motor games dissociate herself from her extreme normative notions and her own feelings emerge. She loves to personate a baby, and she even imitates the period before birth.
For a long time she does not want to play anything but being born. Next she plays that she is growing up to be what she is now and she especially likes to linger in the oral phase. In the meantime her problems appear to have considerably diminished in every respect. She is proud of the fact she needs play less and less, although she is able to allege (when she is restless) when, after all, it is necessary again to play being a baby.
Initially she came twice a week whereas now (indeed, after a few years of therapy) once a month.

RULE- AND CONSTRUCTION GAMES.

Sometimes rule- and construction games are very useful for building up a relationship. They may create a warm, cosy atmosphere, in which the child feels accepted, in which he can achieve something (i.e. win), can be nice or powerful (i.e. let the other win or not) and can learn to accept that someone else has rights as well (i.e. can win).

4. TRANSFERENCE.

Transference phenomena within the therapy can also be found with the mentally retarded, independent of the level of play. Transference is defined here as the projection of feelings on the therapist, having reference to other persons who are important to the child. This makes these feelings therapeutically accessible.

- An 8 year old mongolid girl, whose behaviour towards children is by fits and starts very aggressive, works off her feelings very directly on the playtherapist while playing by challenging, doing naughty things on purpose, refusing to leave etc. By manipulating this behaviour in a very tolerant, yet at the same time very explicit way, the child learns to handle its aggression and he develops other behaviour patterns.

POINTS OF ATTENTION.

In fact, while exchanging our experiences, we have grown more and more confident of the fact that notions methods and starting points that have been developed with reference to playtherapeutic work with normally intelligent people, can also be very useful with mentally retarded people. This does certainly not imply that working playtherapeutically with this group would entail no specific problems and points of attention.

- Realizing a therapeutic relationship with a mentally retarded person makes special demands upon the therapist.
  The therapy is doomed to failure if he insufficiently realizes what it means for the client to be handicapped in terms of behaviour, experience and utterances, and if this fact is too little reckoned with in his own actions.

That way a repetition of something all mentally retarded persons have already been through so many times is very likely, an incorrect estimation of their abilities and consequently, expectations which are either too high or too low. A therapist will also have to show his understanding, acceptance and empathy in a way that is clear to these human beings. Practically speaking this means that the therapist should develop a less verbal and more concrete way of communication. For instance a woman of 28 years old, displaying autistical traits, tears her clothes to pieces whenever she is displeased with something. Every attempt, every pedagogical plan to diminish this tearing turns out to be a failure. The therapist discovers in the playtherapy that the only activity that attracts her is fondling with her pillow. From the variety of pillows offered to her she always opts for the neutral pillow with the white pillow-case.
One day she wants to have eyes and a mouth on the pillow so that "he can also talk with me".
Gradually the affection she conveys to the pillow is given back to her in precisely the same way. The playtherapist talks to her in exactly the same way as the woman does to the pillow and she strokes and caresses her as she caresses the pillow. Little by little she allows this to be done more willingly and a better eye-contact develops. Short conversations become possible and the woman starts inquiring after the therapist's well-being. Lately she has not torn up her clothes anymore.

- Practically all the mentally retarded the playtherapists of our group work with, remain in a daycarecenter or in an institution, a situation which has one advantage: the therapist is enabled to exert more influence on the entire procedure of treatment. On the other hand there are disadvantages that go with the residence in an institution, like the obligation to live in a group, which implies scanty privacy and a great fluctation as regards unit leaders.
Why should you, as a pupil, take the trouble to establish a relationship or to keep it well?
It is argued here that,before starting a therapy, one should first of all concern oneself with a pleasant atmosphere. Obviously this does not only hold for the mentally retarded but, indeed, all the more of them, since they are restricted in their ability to transfer the things learned and experienced in the therapy:
Abstraction and generalization are more difficult for them. This requires extra care with regard to the adjust ment of therapeutic procedures to life in the group or in a family.
- In practice, complicated and specific problems are often met with. First, there is the problem functioning of the mentally retarded individual to be reckoned with, the fact that therefore he is always rejected; the difficult position within the family, at school and with respect to his peergroup; the educators' pedagogical impotency to associate with just this person, who deviates from the norm. Add to the fact that the child is placed in an institution the digestion of the fact that he has to leave home, often preceded by a stay in several institutions, and the digestion of negative experiences in the family, such as maltreatment sexual misuse etc. In view of the weight and complexity of the problems, a restricted aim of the therapy and a step by step procedure are required. The very thing one should not do with the mentally retarded is dealing with too much at once: For the mental grasp, the ability to integrate and the psychological tension are inferior. The mentally retarded individual is not able to put two and two together and to think of solutions to problems handed to him in an entirely independent way.
Care should be taken not to ply him or her with problems, with our strategies or educational models.
- Correct diagnostics by means of a test, as well as by means of pedagogical observation is essential. What can we learn about the faculty of understanding,

the intelligence structure, the verbal expression, the emotional development and the personality structure? How important is the organic component of the various problems (for instance, with extreme rigidity)? Diagnostic data can help us to determine our actions in the playroom and can help us as regards the indications and the marking of the therapy's objective. Indeed, the inverse appears to be true as well. Doing play-therapy with the mentally retarded contributes, in our experience, towards a refinement of the therapy's objective. We are frequently confronted with behaviour we had not thought possible beforehand on account of the seriousness of the handicap. The above mentioned different quality of the play and the decreased urge to explore entail more initiative, structure, clearness and more indirect action on the part of the therapist.

FINAL WORD.

With the above we hope to have shed new light on the possibilities of playtherapy with mentally retarded individuals.
In our opinion further discussion and research is necessary.

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